



## Health Insurance Claims and Risk for Heart Disease and Diabetes

### Producing Results

OKHealth, a program for the management of health risk and disease, reduced the risk for cardiovascular disease by 20 percent, the risk for diabetes by 11 percent, and health insurance claims by 14 percent.

### Public Health Problem

As of 2002, Oklahoma ranks third in the nation for deaths due to heart disease and eighth in the nation for deaths due to diabetes. In hospitalizations alone, this high morbidity of these diseases costs Oklahoma residents more than \$2.5 billion annually for cardiovascular disease and \$600 million for diabetes.

Oklahoma also has the eighth highest prevalence rates for both diabetes and high blood pressure in the nation. The government of Oklahoma is the largest employer in the state, and the Oklahoma Benefits Council is responsible for brokering the benefits packages available to state employees. Among state employees, the overall costs for treating cardiovascular disease exceed \$50.5 million, and for diabetes, the costs are \$13.3 million.

### Taking Action

The OKHealth pilot project is funded by the PHHS Block Grant over a 2-year period at \$150,000. OKHealth is a program for the management of health risk and disease that addresses the risks for developing cardiovascular disease and diabetes and manages the diseases to prevent further complications. The pilot project serves 969 state employees enrolled in the state health insurance plan.

As a first step, employees were assigned to groups that were stratified on the basis of disease diagnosis or risk factors. Using mentors and a Web-based, self-management program designed by a disease management company, participants entered the program to set and achieve goals for risk reduction and disease management based on a model for care of patients with chronic disease. Employee goals, outcomes, and health care standards were communicated to a health care provider to engage the provider in improving the quality of care. The desired outcome of the quality-improvement plan is to change the health benefits for state employees to address prevention of chronic disease and management of care for patients with chronic disease.

### Implications and Impact

The results of this pilot project demonstrate improved health outcomes: the risk of cardiovascular disease was reduced by 20 percent, the risk of diabetes by 11 percent, and health insurance claims by 14 percent. The return on the investment was \$77.40 per employee per year (21 cents daily). The pilot study proved the intervention hypothesis, and steps are being taken to present the results, impact, and cost to the state legislature to leverage for changes in health coverage.

### Contact Information

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